## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

| -md-02974-LMM |
|---------------|
|               |
|               |
| l Action No.: |
|               |
|               |

## **SHORT FORM COMPLAINT**

Come(s) now the Plaintiff(s) named below, and for her/their Complaint against the Defendant(s) named below, incorporate(s) the Second Amended Master Personal Injury Complaint (Doc. No. 79), in MDL No. 2974 by reference. Plaintiff(s) further plead(s) as follows:

| 1. | Name of Plaintiff placed with Paragard: Melissa Price |
|----|---|
|    | 1   |

2. Name of Plaintiff's Spouse (if a party to the case): N/A

| 3. | If case is brought in a representative capacity, Name of Other Plaintiff |
|----|--|
|    | and capacity (i.e., administrator, executor, guardian, conservator):     |
|    | N/A  |

- 4. State of Residence of each Plaintiff (including any Plaintiff in a representative capacity) at time of filing of Plaintiff's original complaint: New York
- 5. State of Residence of each Plaintiff at the time of Paragard placement:
  New York
- 6. State of Residence of each Plaintiff at the time of Paragard removal:

  New York
- 7. District Court and Division in which personal jurisdiction and venue would be proper:
  - <u>United States District Court Eastern District of Pennsylvania</u>
- 8. Defendants. (Check one or more of the following five (5) Defendants against whom Plaintiff's Complaint is made. The following five (5) Defendants are the only defendants against whom a Short Form Complaint may be filed. No other entity may be added as a defendant in a Short Form Complaint.):

| $\checkmark$ | A. Teva Pharmaceuticals USA, Inc.                 |
|--------------|---|
| $\checkmark$ | B. Teva Women's Health, LLC                       |
|              | C. Teva Branded Pharmaceutical Products R&D, Inc. |
|              | D. The Cooper Companies, Inc.                     |
|              | E. CooperSurgical, Inc.                           |
|              |   |
| 9.           | Basis of Jurisdiction                             |
| $\checkmark$ | Diversity of Citizenship (28 U.S.C. § 1332(a))    |
|              | Other (if Other, identify below):                 |
|              |   |
| 10.          |   |

| Date(s) Plaintiff | Placing  | Date Plaintiff's   | Removal  |
|-------------------|--|--|--|
| had Paragard      | Physician(s) or                                  | Paragard was Removed   | Physician(s) or other  |
| placed            | other Health Care                                | (DD/MM/YYYY)*  | Health Care Provider   |
| (DD/MM/YYYY)      | Provider (include<br>City and State)             | *If multiple removal(s) or attempted removal procedures, list date of each separately. | (include City and State)**  **If multiple removal(s) or attempted removal procedures, list information separately. |
| 04/06/2009        | Upper Hudson<br>Planned Parenthood<br>Albany, NY | 15/05/2017   | Elisha Hinman<br>Utica, NY   |
|                   |  | 25/08/2017   | Dr. Farzana Irani<br>Niskayuna, NY   |

| 11.          | Plaintiff alleges breakage (other than thread or string breakage) of her        |
|--------------|---|
|              | Paragard upon removal.  |
| $\checkmark$ | Yes   |
|              | No  |
|              |   |
| 12.          | Brief statement of injury(ies) Plaintiff is claiming:                           |
|              | Pain and suffering, mental anguish, loss of reproductive health, loss of        |
|              | enjoyment of life, medical expenses and other out of pocket losses, and loss of |
|              | income. Plaintiff reserves her right to allege additional injuries and          |
|              | complications specific to her.  |
|              |   |
|              |   |
| 13.          | Product Identification:   |
|              | a. Lot Number of Paragard placed in Plaintiff (if now known):                   |
|              |   |
|              |   |
|              | b. Did you obtain your Paragard from anyone other than the                      |
|              | HealthCare Provider who placed your Paragard:                                   |
|              | □ Yes   |
|              | ☑ No  |

| 14.          | Cou   | nts in the Master Complaint brought by Plaintiff(s):    |  |
|--------------|---|---|--|
| $\checkmark$ | Count I – Strict Liability / Design Defect                            |   |  |
| $\checkmark$ | Count II – Strict Liability / Failure to Warn                         |   |  |
| $\checkmark$ | Count III – Strict Liability / Manufacturing Defect                   |   |  |
| $\checkmark$ | Count IV – Negligence   |   |  |
| $\checkmark$ | Count V – Negligence / Design and Manufacturing Defect                |   |  |
| $\checkmark$ | Negligence / Failure to Warn  |   |  |
| $\checkmark$ | Count IX – Negligent Misrepresentation                                |   |  |
| $\checkmark$ | Count X – Breach of Express Warranty                                  |   |  |
| $\checkmark$ | Count XI – Breach of Implied Warranty                                 |   |  |
| $\checkmark$ | Count XII – Violation of Consumer Protection Laws                     |   |  |
| $\checkmark$ | Count XIII – Gross Negligence   |   |  |
| $\checkmark$ | Count XIV – Unjust Enrichment   |   |  |
| $\checkmark$ | Count XV – Punitive Damages   |   |  |
|              | Cou   | nt XVI – Loss of Consortium                             |  |
|              | Other Count(s) (Please state factual and legal basis for other claims |   |  |
| not ii       | nclude  | ed in the Master Complaint below):                      |  |
|              |   |   |  |
|              |   |   |  |
| 15.          | "Tol  | lling/Fraudulent Concealment" allegations:              |  |
|              | a.  | Is Plaintiff alleging "Tolling/Fraudulent Concealment"? |  |
|              | $\checkmark$  | Yes   |  |
|              |   | No  |  |

| b.           | If Plaintiff is alleging "tolling/fraudulent concealment" beyond            |
|--------------|---|
|              | the facts alleged in the Master Complaint, please state the facts           |
|              | and legal basis applicable to the Plaintiff in support of those             |
|              | allegations below:  |
|              |   |
| Cou          | nt VII (Fraud & Deceit) and Count VIII (Fraud by Omission)                  |
| alleg        | gations:  |
| a.           | Is Plaintiff is bringing a claim under Count VII (Fraud &                   |
|              | Deceit), Count VIII (Fraud by Omission), and/or any other claim             |
|              | for fraud or misrepresentation?   |
|              | Yes   |
| $\checkmark$ | No  |
| b.           | If Yes, the following information must be provided (in                      |
|              | accordance with Federal Rule of Civil Procedure 8 and/or 9,                 |
|              | and/or with pleading requirements applicable to Plaintiff's state           |
|              | law claims):  |
| i.           | The alleged statement(s) of material fact that Plaintiff alleges was false: |
| ii.          | Who allegedly made the statement:   |
| iii.         | To whom the statement was allegedly made:                                   |
| iv.          | The date(s) on which the statement was allegedly made:                      |

| 17.          | If Plaintiff is bringing any claim for manufacturing defect and alleging facts beyond those contained in the Master Complaint, the following information must be provided: |
|--------------|--|
|              | a. What does Plaintiff allege is the manufacturing defect in her Paragard?   |
| 18.          | Plaintiff's demand for the relief sought if different than what is alleged in the Master Complaint:  |
| 19.          | Jury Demand:   |
| $\checkmark$ | Jury Trial is demanded as to all counts  |
|              | Jury Trial is NOT demanded as to any count   |
|              |  |
|              | s/ Daniel J. Harrison  |
|              | Attorney(s) for Plaintiff  |
|              | Dated: December 15, 2023   |

Address, phone number, email address and Bar information:

Pogust Goodhead, LLC

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Conshohocken, PA 19428

Ph: 610-941-4204

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NJ Bar No. 151842016 / PA Bar No. 321468